



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address: DONALD L. WEHMEYER, MD 1904 PINE STREET SUITE 4E ABILENE TX 79601	MFDR Tracking #: M4-11-3646-01
	DWC Claim #:
	Injured Employee:
	Date of Injury:
Respondent Name and Carrier's Austin Representative Box #: TEXAS MUTUAL INSURANCE CO. Box #: 54	Employer Name:
	Insurance Carrier #:

PART II: REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "I am specifically asking for a dispute resolution for non-payment for the emergency room visit, CPT 99285 in the amount billed of \$350.00. Enclosed is a copy of Exhibit 1, the explanation of benefit received with a date of audit of 11-10-2010. There were a number of bills that were not paid. The only one that has not been resolved is the emergency room charge. Exhibit 2 is my letter of 3 January 2011. Exhibit 3 is the CMS 1500 marked request for reconsideration, and Exhibit 4 is the re-audit dated 26 January 2011, in which the insurance company still refuses to pay for the emergency room visit on multiple reasons. I believe they are wrong. Medicare pays for an emergency room visit on the same day of surgery. You see the patient first, and then take them to surgery. You do take them to surgery and then take them to the emergency room. I believe the insurance company has erred [sic]."

Amount in Dispute: \$350.00

PART III: RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The requestor provided surgical services to the claimant the date of injured then billed Texas Mutual codes 26735, 2618, 26989, 26723, 26989, 26746, 26540, 26989, and 26037. These codes are not in dispute. On the same date prior to the surgery the requestor evaluated the claimant in the emergency department. He billed this with code 99285 and without a modifier. Texas Mutual argues that absent the modifier no separate payment is due for code 99285."

Response Submitted by: Texas Mutual Insurance Co., 6210 E. Hwy 290, Austin, TX 78723

PART IV: SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Calculations	Amount in Dispute	Amount Due
09/29/2010	CPT Code 99285	N/A	\$350.00	\$0.00
			Total Due:	\$0.00

PART V: FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Tex. Admin. Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. 28 Tex. Admin. Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
3. 28 Tex. Admin. Code §134.202 sets out the fee guidelines for the reimbursement of treatment and services provided on or after March 1, 2008.

4. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated 11/10/2010

- 97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- 220 – The provider billed for a visit on the same day of surgery or within the follow-up of a previously performed surgery.

Explanation of benefits dated 01/26/2001

- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 4 – The procedure code is inconsistent with the modifier used or a required modifier is missing.
- 732 – Accurate coding is essential for reimbursement. CPT and/or modifier billed incorrectly. Services are not reimbursable as billed.
- 891 – No additional payment after reconsideration.

Issues

1. Does the submitted documentation support the service billed under CPT code 99285?
2. Is the requestor entitled to reimbursement?

Findings

1. Pursuant to 28 Tex. Admin Code §134.202(b) states that for coding billing reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules.
2. The Requestor billed CPT Code 99285 without a modifier. According to Medicare payment policies an E/M service on the same day or on the day before a procedure with a 90-day global surgical period is covered if modifier -57 is used to indicate that the service resulted in the decision to perform the procedure. The Requestor billed, along with other codes, CPT Codes 26735 and 26418; both of these codes have a 90-day global surgical period. The Requestor did not include modifier -57 when billing.

Conclusion

For the reasons stated above, the division finds that the requestor has failed to establish that reimbursement is due. As a result, the amount ordered is \$0.00.

PART VI: ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Marguerite Foster

Medical Fee Dispute Resolution Officer

August 23, 2011

Date

PART VII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division rule at 28 Texas Administrative Code §148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.